

HEWLETT-PACKARD COMPANY
Intellectual Property Administration
O. Box 272400
Fort Collins, Colorado 80527-2400

PATENT APPLICATION

ATTORNEY DOCKET NO. 200312262-1

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Dan Dwyer et al.

Confirmation No.: 2726

Application No.: 10/693,355

Examiner: KOVAL, Melissa J.

Filing Date: Oct. 23, 2003

Group Art Unit: 2851

Title: Multimedia Display Device

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- (X) Response/Amendment Petition to extend time to respond
() New fee as calculated below Supplemental Declaration
(X) No additional fee
() Other: _____ (fee \$ _____)

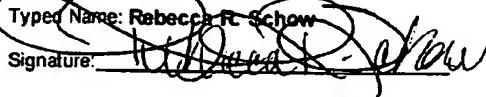
CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	54	MINUS	62	= 0	X \$50	\$ 0
INDEP. CLAIMS	6	MINUS	6	= 0	X \$200	\$ 0
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$360	\$ 0
EXTENSION FEE	1ST MONTH \$120.00	2ND MONTH \$450.00	3RD MONTH \$1020.00	4TH MONTH \$1590.00		\$ 0
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

Charge \$ 0 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

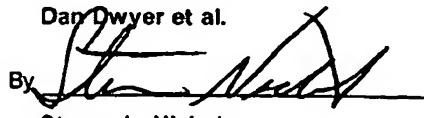
Date of Deposit: Feb. 16, 2005

Typed Name: Rebecca R. Schow

Signature: 

Respectfully submitted,

Dan Dwyer et al.

By 

Steven L. Nichols

Attorney/Agent for Applicant(s)
Reg. No. 40,326

Date: Feb. 16, 2005

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/69335S

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	62	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	62 minus 20 =	42
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	756
X43=		OR X86=	258
+145=		OR +290=	
TOTAL		OR TOTAL	1284

9/27/04 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	65	Minus	62 = 3
Independent	6	Minus	6 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

✓ 20 32 42 49 58

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	54
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	54

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	68	Minus	65 = 3
Independent	6	Minus	6 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE ADDITIONAL FEE		RATE ADDITIONAL FEE	
X\$ 9=		OR X\$18=	50
X43=		OR X86=	150.00
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	**	=
Independent	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE ADDITIONAL FEE		RATE ADDITIONAL FEE	
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.